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20985      7590      08/12/2004

**FISH & RICHARDSON P.C.**  
12390 EL CAMINO REAL  
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Teri Barnett

(Depositor's name)

*Teri Barnett*

(Signature)

10/26/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/284,114	04/07/1999	Shimon Sakaguchi	07898-038001 13750-002001	1911

### TITLE OF INVENTION: MICE CAUSING SPONTANEOUS ONSET OF AUTOIMMUNE ARTHRITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 \$1370	\$0	\$1330 \$1370	11/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILSON, MICHAEL C.	1632	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Japan Science and Technology Corporation

Saitama, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

Director of Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Joseph R. Baker, Jr.  
40,900

(Date) October 26, 2004

11/02/2004 MAHMED2 00000021 09284114

01 FC:1501

1370.00 OP

02 FC:8001

9.00 OP

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TRANSMIT THIS FORM WITH FEE(S)



Attorney's Docket No.: 13750-002001 / PH-425PCT-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Shimon Sakaguchi  
Serial No. : 09/284,114  
Filed : April 7, 1999

Art Unit : 1632  
Examiner : Michael C. Wilson  
Confirmation No.: 1911

Notice of Allowance Date: August 12, 2004

Title : MICE CAUSING SPONTANEOUS ONSET OF AUTOIMMUNE ARTHRITIS

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed August 12, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$1379 for the required fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: 10/26/04

Joseph R. Baker, Jr.  
Reg. No. 40,900

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CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

October 26, 2004

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